

Indiana Breeding Bird Atlas Volunteer Form

This is Indiana's standard volunteer/liability form. Please complete and return to your county coordinator or John Castrale prior to atlasing. If you are injured while atlasing, please contact John Castrale (812 849-4586) ASAP.

AGREEMENT OF VOLUNTEER AS A TEMPORARY EMPLOYEE NOT FOR COMPENSATION

I, _____, am a high school graduate or over eighteen (18) years of age. I agree that I am a volunteer for the State of Indiana and that I am a temporary employee and not for compensation. I understand that I will receive no payments or remuneration for my volunteer work and that I am exempt from the minimum wage and maximum hour working provisions of the Fair Labor Standard Acts. I further understand that if I am injured while working for the state of Indiana as a volunteer, Workman's Compensation will be the sole and exclusive remedy for any such injury.

Signature: _____

Date: _____

Effective dates:

From (today's date): _____

To: 31 December (current year): _____

Return to: John Castrale
Indiana Division of Fish and Wildlife
562 DNR Road
Mitchell, IN 47446
Fax: 812 849-6013